

UNIVERSITY OF PUGET SOUND  
FACULTY LEAVE REQUEST FORM

Name: \_\_\_\_\_ Date of initial appointment: \_\_\_\_\_

Department, School, Program: \_\_\_\_\_ Date of this request: \_\_\_\_\_

- I am a tenured/tenure-track faculty member
- I am an ongoing Instructor (undergraduate) or clinical faculty member (graduate)
- I am a full-time visiting faculty member
- I am an adjunct faculty member
- I am an affiliate faculty member (School of Music)

**Effective dates for leave:**

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Type of leave requested:**

Personal medical leave

Family medical leave:

<input type="checkbox"/> Care for spouse/domestic partner	<input type="checkbox"/> Care for grandparent
<input type="checkbox"/> Care for child	<input type="checkbox"/> Military – Qualifying exigency
<input type="checkbox"/> Care for parent/parent-in-law	<input type="checkbox"/> Military – Care for covered servicemember

Up to six weeks paid leave       1 unit paid course release       Unpaid leave

Parental leave

Complete one of the following:

Anticipated birth date of the newborn: \_\_\_\_\_

Anticipated arrival date of the newly adopted child \_\_\_\_\_

Anticipated arrival date of the child for whom I will be guardian \_\_\_\_\_

Up to eighteen weeks unpaid leave       Unpaid course release(s)

Extended personal medical leave (up to six months)

Long-term disability leave (six months or more)

*Please consult with the Human Resources Benefits Manager regarding these choices.*

